

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓							↓
TOTAL DEP.		←		←		←							←
TOTAL CLAIMS													
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TOTAL IND.		2		↓		↓							↓
TOTAL DEP.		80		←		←							←
TOTAL CLAIMS		82											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS